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                                                                    | Volu                                                                                                                                                       | untary Petition                                                                                                                                                                    |
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-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Debtor (if individual, enter Last, First, Mi Moke, John J. JR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | iddle):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                       | Name of J<br>Moke, J                                                                                                                                       |                                                                                  |                         | ıse) (Last, First,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Middle):                                                                                                                                                   |                                                                                                                                                                                    |
| All Other Names used by the Debtor in the last 8 y (include married, maiden, and trade names):                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | /ears                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                     | e Joint Debtor ind trade names)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                            | years                                                                                                                                                                              |
| Last four digits of Soc. Sec. or Individual-Taxpayer<br>EIN (if more than one, state all): <b>7000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | er I.D. (ITIN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | No./Complete                                                                                                                                          |                                                                                                                                                            | _                                                                                |                         | or Individual-T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | axpayer I.I                                                                                                                                                | D. (ITIN) No./Complete                                                                                                                                                             |
| Street Address of Debtor (No. & Street, City, State<br>1932 South 2nd Street<br>Philadelphia, PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e & Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e):                                                                                                                                                   | Street Add<br>1932 Sc<br>— Philade                                                                                                                         | uth 2nd                                                                          | d Stre                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | et, City, Sta                                                                                                                                              | te & Zip Code):                                                                                                                                                                    |
| i illiadelpilla, i A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ZIPCOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | E 19148                                                                                                                                               | - I Illiade                                                                                                                                                | ipilia, i                                                                        | ^                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2                                                                                                                                                          | ZIPCODE 19148                                                                                                                                                                      |
| County of Residence or of the Principal Place of B <b>Philadelphia</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | susiness:                                                                                                                                                                                                                                                                                                                                                                                                                                                 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or of t               | he Principal Pla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ce of Busin                                                                                                                                                | ess:                                                                                                                                                                               |
| Mailing Address of Debtor (if different from street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mailing Address of Joint Debtor (if different from street address):                                                                                   |                                                                                                                                                            |                                                                                  |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                                    |                                                                                                                                                            | ZIPCODE                                                                                                                                                                            |
| Location of Principal Assets of Business Debtor (if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | f different fro                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                    |                                                                                                                                                            | ZIPCODE                                                                                                                                                                            |
| Type of Debtor (Form of Organization) (Check one box.)  Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. Corporation (includes LLC and LLP) Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.)  Filing Fee (Check one I Filing Fee to be paid in installments (Applicable attach signed application for the court's consider is unable to pay fee except in installments. Rule 3A.  Filing Fee waiver requested (Applicable to chapattach signed application for the court's consider | Sin, U.S   Rai   Sto   Sto   Cle   Oth   Titl   Inte   box   1006(b). Second cert 7 individual content of the c | Tax-Exem (Check box, i btor is a tax-exem le 26 of the United ernal Revenue Cod als only). Must ring that the debto le Official Form uals only). Must | ne box.)  ate as defined a  pt Entity f applicable.) pt organization I States Code (to be)  Check one Debtor Debtor Check if: Debtor affiliate Check all a | under he  box: is a small is not a sr s aggrega s are less applicabl is being fi | De det \$ 1 ind per hol | the Petition the P | nkruptcy n is Filed ( Chag Recc Mair Chag Recc Nom Nature of 1 (Check one y consumer 1 U.S.C. red by an y for a r house- Debtors  med in 11 U defined in 1 | Code Under Which (Check one box.)  Check one box.)  ter 15 Petition for ognition of a Foreign n Proceeding oter 15 Petition for ognition of a Foreign main Proceeding  Debts box.) |
| Statistical/Administrative Information  ✓ Debtor estimates that funds will be available for Debtor estimates that, after any exempt propert distribution to unsecured creditors.                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       | ditors.                                                                                                                                                    |                                                                                  |                         | with 11 U.S.C. §                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                            | THIS SPACE IS FOR COURT USE ONLY                                                                                                                                                   |
| Estimated Number of Creditors  1-49 50-99 100-199 200-999 1,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ]<br>,000-<br>,000                                                                                                                                                                                                                                                                                                                                                                                                                                        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                     | 50,001-<br>100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over 100,000                                                                                                                                               |                                                                                                                                                                                    |
| Estimated Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ]<br>1,000,001 to<br>10 million                                                                                                                                                                                                                                                                                                                                                                                                                           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                     | \$500,000,001<br>to \$1 billion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | More than                                                                                                                                                  |                                                                                                                                                                                    |
| Estimated Liabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ]<br>1,000,001 to<br>10 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                     | \$500,000,001 to \$1 billion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | More than \$1 billion                                                                                                                                      |                                                                                                                                                                                    |

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|                 | ocation<br>There Filed: <b>None</b>                                                                                                                                                                                                                                                                                    | Case Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date Filed:                            |  |  |  |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--|--|--|
|                 | ocation<br>There Filed:                                                                                                                                                                                                                                                                                                | Case Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date Filed:                            |  |  |  |
|                 | Pending Bankruptcy Case Filed by any Spouse, Partner or                                                                                                                                                                                                                                                                | Affiliate of this Debtor (If mo                                                                                                                                                                                                                                                                                                                                                                                                                                                               | re than one, attach additional sheet)  |  |  |  |
|                 | ame of Debtor: one                                                                                                                                                                                                                                                                                                     | Case Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date Filed:                            |  |  |  |
| Di              | istrict:                                                                                                                                                                                                                                                                                                               | Relationship:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Judge:                                 |  |  |  |
| 10<br>Se<br>rec | Exhibit A To be completed if debtor is required to file periodic reports (e.g., forms DK and 10Q) with the Securities and Exchange Commission pursuant to action 13 or 15(d) of the Securities Exchange Act of 1934 and is questing relief under chapter 11.)  Exhibit A is attached and made a part of this petition. | Exhibit B  (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declar that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certificated that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. |                                        |  |  |  |
|                 |                                                                                                                                                                                                                                                                                                                        | X /s/ Michael D. Ward, Esc<br>Signature of Attorney for Debtor(s)                                                                                                                                                                                                                                                                                                                                                                                                                             | guire 2/20/09  Date                    |  |  |  |
|                 | Exhi To be completed by every individual debtor. If a joint petition is filed, e  Exhibit D completed and signed by the debtor is attached and matthis is a joint petition:                                                                                                                                            | de a part of this petition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ch a separate Exhibit D.)              |  |  |  |
|                 | Exhibit D also completed and signed by the joint debtor is attach                                                                                                                                                                                                                                                      | ed a made a part of this petition.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |  |  |  |
|                 |                                                                                                                                                                                                                                                                                                                        | ng the Debtor - Venue pplicable box.) of business, or principal assets in the days than in any other District.                                                                                                                                                                                                                                                                                                                                                                                | is District for 180 days immediately   |  |  |  |
|                 | ☐ There is a bankruptcy case concerning debtor's affiliate, general                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |  |  |  |
|                 | Debtor is a debtor in a foreign proceeding and has its principal pl<br>or has no principal place of business or assets in the United States                                                                                                                                                                            | but is a defendant in an action or pr                                                                                                                                                                                                                                                                                                                                                                                                                                                         | oceeding [in a federal or state court] |  |  |  |
|                 | in this District, or the interests of the parties will be served in reg                                                                                                                                                                                                                                                | ard to the relief sought in this Dist                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Tict.                                  |  |  |  |
|                 | Certification by a Debtor Who Reside                                                                                                                                                                                                                                                                                   | es as a Tenant of Residential I                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Property                               |  |  |  |
|                 | Certification by a Debtor Who Reside (Check all app  Landlord has a judgment against the debtor for possession of deb                                                                                                                                                                                                  | es as a Tenant of Residential I                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Property                               |  |  |  |

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
 Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

Case 09-11176-sr B1 (Official Form 1) (1/08)

filing of the petition.

(This page must be completed and filed in every case)

**Voluntary Petition** 

Doc 1

Filed 02/20/09

Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)

Document

Entered 02/20/09 11:28:42

Moke, John J. JR & Moke, Jeannine M.

Page 2 of 3

Name of Debtor(s):

Desc Main

Page 2

# Document

Page 3 of 3

(Check only **one** box.)

§ 1515 are attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

### **Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

Moke, John J. JR & Moke, Jeannine M.

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this

petition is true and correct, that I am the foreign representative of a debtor

☐ I request relief in accordance with chapter 15 of title 11, United

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the

States Code. Certified copies of the documents required by 11 U.S.C.

chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

in a foreign proceeding, and that I am authorized to file this petition.

## **Signatures**

X

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ John J. Moke, JR Signature of Debtor

John J. Moke, JR

/s/ Jeannine M. Moke

Jeannine M. Moke Signature of Joint Debtor

Signature of Attorney\*

Telephone Number (If not represented by attorney)

February 20, 2009

X /s/ Michael D. Ward, Esquire

Michael D. Ward, Esquire

**Liberty Legal Services** Suite 805, 1518 Walnut Street

Philadelphia, PA 19102

Michael D. Ward, Esquire 37141

(215) 546-6200 Fax: (215) 546-9200

libertylegalservices@verizon.net

Signature of Attorney for Debtor(s)

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Signature of Non-Attorney Petition Preparer

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

#### February 20, 2009

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

| Signature of A | uthorized Individ | iual     |  |
|----------------|-------------------|----------|--|
| Printed Name   | of Authorized In  | dividual |  |
| Title of Autho | rized Individual  |          |  |

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.